## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

1077/670

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Colu	mn 2)		TYPE		OR	SMALL		
TOTAL CLAIIVIS			b		·			RATE	FEE	4	RATE	FEE	
FOR ~			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		* 0		-	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		* Ø			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	ESENT				+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL		OR	TOTAL	770.00	
١.	CLAIMS AS AMENDED - PART II									1	OTHER		
	(Column 1)			(Colun	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	01.4114		Ī	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		^	DDII. I EE			NODII. 1 LL							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
		L	TOTAL		L	TOTAL							
		Αľ	ODIT. FEE	· · · · · ·	OR ,	ADDIT. FEE							
		(Column 1) CLAIMS	[ · · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	•	OR	X86=		
1	FIRST PRESE		+145=		ı	.200							
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
**	the "Highest Nur	nber Previously Pa mber Previously Pa	id For" IN THIS	SPACE is	less than	20, enter "20."	AD	TOTAL DIT. FEE	.:	OR ,	DDIT. FEE		
		ber Previously Paid					found	d in the app	ropriate box	in colu	ımn 1.		